

OCT 19 2004

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FACSIMILE TRANSMISSION

October 19, 2004

TO : UNITED STATES PATENT AND TRADEMARK OFFICE

ATTN:

FAX NO.: 703-872-9306

TELEPHONE:

FROM: Michael A. Bush

RE: 09/995,832

YOUR REFERENCE: NK171701

OUR DOCKET: 1642.1001

NO. OF PAGES (Including this Cover Sheet)

8

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COMMENTS:

OCT 19 2004

S&H Form: (10/03)

REPLY/AMENDMENT
FEE TRANSMITTAL

	Attorney Docket No.	1642.1001	
	Application Number	09/995,832	
	Filing Date	November 29, 2001	
	First Named Inventor	Akiko MIYAKAWA, et al.	
	Group Art Unit	1772	
AMOUNT ENCLOSED	0.00	Examiner Name	Catherine A. SIMONE

FEE CALCULATION (fees effective 10/01/03)

CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	12	- 20 =	0	X \$ 18.00 =	\$ 0.00
INDEPENDENT CLAIMS	4	- 4 =	0	X \$ 88.00 =	0.00

Since an Official Action set an original due date of October 19, 2004, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110); (2 months (\$430); (3 months (\$980); (4 months

If Notice of Appeal is enclosed, add (\$340.00)

If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110.00)

Information Disclosure Statement (Rule 1.17(p)) (\$180.00)

Total of above Calculations = \$ 0.00

Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)

TOTAL FEES DUE = \$ 0.00

(1) If entry (1) is less than entry (2), entry (3) is "0".

(2) If entry (2) is less than 20, change entry (2) to "20".

(4) If entry (4) is less than entry (5), entry (6) is "0".

(5) If entry (5) is less than 3, change entry (5) to "3".

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, on

P.O. Box 1450, Alexandria, VA 22313-1450

STAA

SE & HALEY

By: *Michael A. Bush*

Date: *10/19/04*

METHOD OF PAYMENT

Check enclosed as payment.

Charge "TOTAL FEES DUE" to the Deposit Account No. below.

No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).

GENERAL AUTHORIZATION

If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:

Deposit Account No.

19-3935

Deposit Account Name

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The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.

SUBMITTED BY: STAAS & HALEY LLP

Typed Name	Michael A. Bush	Reg. No.	48,893
Signature	<i>Michael A. Bush</i>	Date	19 Oct 2004

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